## OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

NOTE. PLEASE COM	VIPLETE THIS FORIVI USIN	G EITHER ADOBE ACRODAT PRO C	N READER
NAME OF ENTITY:	Teton County		
NAME OF OFFICIAL	L FILLING OUT REPORT: ${\color{red} K}$	(im Keeley	
PHONE NUMBER:	(208) 354-8780		
EMAIL ADDRESS:	kkeeley@co.teton.id.us		
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OPIOID SETTLEME	NT FUNDS BALANCE AT B	<b>EGINING OF FY 22</b> : \$0.00	and the same of th
ODIOID SETTI EME	NT FUNDS RECEIVED IN F	v 22 · \$6 384 20	
OPIOID SETTLEIVIE	NI FUNDS RECEIVED IN F	7_22: 30,364.20	
<b>TOTAL OPIOID SET</b>	TLEMENT FUND EXEPNO	ITURES IN FY 22: \$0.00	
			_
OPIOID SETTLEME	NT FUND BALANCE AT EN	ID OF FY 22: \$6,384.20	
ITEMIZATION OF D	AYMENTS RECEIVED:		
TIENNEATION OF T	ATTRICTED.		
Payment Date	Payment Amount	Source of Payment	
06/20/2022	\$6,384.20	Wilmington Trust	
<u> </u>			TOTAL: \$6,384.20
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ITEMIZATION OF F	XPENDITURES:		

\*List of approved uses with section and subsections available here

Approved Use Section	Approved Use Subsection	Description of Use	Amount Expended
			3
			<u> </u>
		<b>_</b>	<b> </b>
			/

**TOTAL:** \$0.00

By signing below I warrant that all information provided in this form is true and correct; that all opioid settlement funds expended by the above entity have been expended on approved uses as provided in Exhibit A to the Idaho Opioid Settlement Intrastate Allocation Agreement linked to above and included on this form; and that I have the necessary authority to sign and submit this form on behalf of the above entity.

SIGNATURE:	Ki	K	DATE:	13/22